

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-475)

SERIAL NO. **10/549808**  
FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51				/		
2		/					52				/		
3		/					53				/		
4		/					54				/		
5		/					55				/		
6		/					56				/		
7		/					57				/		
8		/					58				/		
9		/					59				/		
10		/					60				/		
11		/					61				/		
12		/					62				/		
13		/					63				/		
14		/					64				/		
15		/					65				/		
16		/					66				/		
17		/					67				/		
18		/					68				/		
19		/					69				/		
20		/					70		/		/		
21		/					71				/		
22		/					72				/		
23		/					73				/		
24		/					74				/		
25		/					75				/		
26		/					76				/		
27	/						77						
28	/						78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	32						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						